

PRINTING REQUISITION FORM

FROM:

TO: N12

ITEM: A = Forms B = Instructions and notices C = Miscellaneous D = PAT Pubs Job # =

JUSTIFICATION:

DISTRIBUTION: (Name, Address, Phone Number)

DISTRIBUTION CONTACT:

PHONE

DATE REQUIRED:

CODE:

EXT:

NO. OF ORIGINALS

NO. OF COPIES

COVER:

COVER COLOR:

YES / NO

COLLATE:

STAPLE:

HOLES: ___ 3 LEFT HOLES ___ OTHER

YES / NO

___ 1 ULC
___ 2 SIDE

___ 2 TOP
___ NONE

___ 2 TOP HOLES

PAPER:

INK COLOR:

PAPER SIZE:

PAPER COLOR:

___ BOND ___ NCR ___ INDEX

PAD:

YES / NO

PRINTING:

___ 1 SIDE

___ H TO H

___ H TO F

___ HEAD TO L

___ HEAD TO R

___ LAYOUT

REQUISITIONER SIGNATURE

DATE OF REQUEST:

For Management Support Personnel Only

Date Received _____

Initials _____

Job inspected by: (initials) _____

Acceptable: YES / NO Unacceptable: YES / NO

Comments: _____